LaJuana S. Wilcher Secretary



PHILIP J. ANDERSON COMMISSIONER

WILLIAM P. EMRICK EXECUTIVE DIRECTOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT OF LABOR
OFFICE OF WORKERS CLAIMS
657 CHAMBERLIN AVENUE
FRANKFORT, KENTUCKY 40601
PHONE (502) 564-5550
www.kentucky.gov

Memorandum

To: Parties Impacted by the Workers' Compensation Medical Fee Schedule for Physicians

From: William P. Emrick, Executive Director, Office of Workers' Claims

Date: December 2005

RE: Update and Revision of the Workers' Compensation Medical Fee Schedule for Physicians

As required by KRS 342.035 and prescribed by 803 KAR 25:089, the Office has completed the process of reviewing and updating the Workers' Compensation Medical Fee Schedule for Physicians. The new schedule features updated coding (based on CPT 2004), ground rules and procedure description updates and revised reimbursement values.

Currently, reimbursement to medical providers treating injured workers is prescribed by the 2001 Workers' Compensation Medical Fee Schedule for Physicians. The 2005 Workers' Compensation Medical Fee Schedule for Physicians will be applied to all medical bills incurred for services rendered on or after February 15, 2006. The 2005 Fee Schedule will completely replace the 2001 schedule.

The 2005 Workers' Compensation Medical Fee Schedule for Physicians will be available as a CD or soft-bound book. The cost of the CD is \$25.00 and the cost of the book is \$45.00. (A portion of the amount collected from the sale of each CD and book ordered will be sent to the American Medical Association for the CPT copyrights.)

Please see the order form attached for details on the ordering process.



Order Form

For

Kentucky 2005 Medical Fee Schedule For Physicians Effective February 15, 2006

| Quantity | Type | | Charge | Total |
|--|------|--------|--------------------|-------|
| | CD | | \$25.00 | \$ |
| | Book | | \$45.00 | \$ |
| | | | Total Order | \$ |
| Shipping Information | on | | | |
| Name: | | | | |
| Company: | | | | |
| Street Address: | | | | |
| City: | | State: | Zip: | |
| Phone: | | | | |
| Mail check or money order payable to <u>Kentucky State Treasurer</u> to: | | | | |
| Office of Workers' Claims | | | | |
| 657 Chamberlin Avenue | | | | |
| Frankfort, Kentucky 40601 | | | | |

For questions regarding the ordering process, please contact Administrative Services at (502) 564-5550, ext. 4473.

Attn: Administrative Services – Fee Schedule Request